

EM

Dear members of the Judiciary Committee:

Please accept this personal statement OPPOSING the adoption of HB 6687.

I serve as the Chairman of Emergency Medicine at St. Vincent's Medical Center in Bridgeport, CT, and as a board member of the Connecticut College of Emergency Physicians, the organization which represents the emergency medicine specialists who have devoted their careers to being on the front line of emergency medical care in our state.

Emergency medicine physicians are highly trained professionals with a specific expertise in emergency care. We undergo a demanding residency training program, with a specific curriculum, and attract only the best and brightest medical students. When compared to other specialty residencies, emergency medicine is one of the most competitive by any means one can measure. Emergency physicians have their own certifying board, the American Board of Emergency Medicine, and as such are recognized as one of the 24 specialties within the American Board of Medical Specialties. Emergency medicine is a specialty with defined standards and practices, and demands a specific knowledge base and skill set. When the citizens of Connecticut show up in our emergency departments, they can expect a "specialty trained emergency physician certified in their area of expertise" to take care of them in an emergency, not simply "any qualified health care provider." Shouldn't this be the same standard for bringing a malpractice case forward? I believe so!

Connecticut's emergency care system is at this critical juncture. We are living through budget cuts, decreasing public services, insurance reform, and a lack of access to medical services. While I understand this is a nationwide phenomenon, it is further exacerbated in Connecticut because we are an unfavorable state to practice medicine. One of the most often cited reasons for this is the unfavorable medical malpractice environment. In the American College Emergency Physicians' 2009 State of Emergency Care Report, Connecticut ranked 35th in the nation for our medical malpractice environment. Connecticut always ranks as one of the top states in regards to professional liability premiums averaging twice the national average. Furthermore, Connecticut ranks as having one of the highest payouts per claim among all 50 states. In 2011, the Advisory Board ranked Connecticut last out of all New England states in terms of desirability to establish a new medical practice. The unfavorable malpractice climate was cited as one of the major factors in their decision.

Many other states have already enacted professional liability reform in order to attract physicians to their states. Attracting physicians should be a key strategy of Connecticut's policy makers. With the mandate for citizens to purchase private health insurance or join a health exchange, there will be a need for additional primary care physicians. There is already a dearth of PCPs in many areas of our state, and those that are currently in practice are aging (the average age of Connecticut's physicians is in the late 50s). In addition, Connecticut's emergency department medical directors continuously struggle with the problem of finding adequate on-call specialist coverage for specific medical emergencies. Yet we continue to lose specialists to other parts of the country where the climate is better.

As written, HB 6687 will exacerbate the problem. As physicians are deciding in which state to practice, passing a bill that would lower the standard of review from a "similar health care provider" to merely "any qualified health care provider" would surely permit unwarranted malpractice claims without to go forward, and deter new physicians from starting practices in our state. In Connecticut, 50% of suits are dismissed as frivolous. This bill specifically targets emergency physicians who are specifically trained in their specialty and must literally make life and death decisions in real time without the benefit of